

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>011401</i>	<i>12/14/92</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>15465</i>	<i>1/16/93</i>
FORMALITY REVIEW	<i>[Signature]</i>		<i>1 12 2000</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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